

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE
							APPLICANT/EL	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL	9							
TOTAL	22							
TOTAL	21							

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DOF.	NO.	DOF.	NO.	DOF.
1	/					
2		/				
3		/				
4		/				
6		/				
6		/				
7		/				
8	/					
9		/				
10		/				
11		/				
12		/				
13	/					
14		/				
16	/					
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22	/					
23		/				
24		/				
25		/				
26		/				
27	/					
28		/				
28	/					
30	/					
31	/					
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL NO.	9					
TOTAL DOF.	22					
TOTAL	31					

	MO.	DEF.	MO.	DEF.	MO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL MO.						
TOTAL DEF.						
TOTAL						